



Chart # _____

RALEIGH PLASTIC SURGERY
center

COSMETIC PATIENT OR SELF-PAY PATIENT FINANCIAL POLICY

Please review the following Financial Policy, sign, date and give to the receptionist for placement in your chart. We hope the following will answer any questions you may have about our cosmetic and self pay financial policies.

1. Payment of cosmetic and self-pay surgeries are required to be paid in full prior to your surgery.
2. We accept VISA, Master Card, Discover, American Express, Care Credit, PatientFi, cash, money orders, and cashiers checks.
3. A non-refundable deposit of \$1,000.00 is required to schedule a cosmetic surgery.
4. Please be advised that payment for cosmetic surgery is due in full four weeks (28 days) prior to your surgery date.
5. I understand that in the event my balance has not been paid in full 14 days prior to my surgery date, my surgery will **automatically** be cancelled. I will be notified by telephone and email of this cancellation. If I choose to reschedule my surgery, payment - **IN FULL** - is required at the time of booking.
6. We will reschedule your cosmetic surgery once at no additional charge. If there is the need to reschedule your surgery again, there will be an additional \$1,000.00 non-refundable fee.
7. If surgery is cancelled less than four weeks before the scheduled surgery date, half the cost of the procedure will be forfeited and you will be entitled to a refund of one-half the amount paid.
8. If payment for your cosmetic surgery is paid with less than 28 days in advance of your surgery date, payment must be in the form of cash, credit card, Care Credit, PatientFi or certified check. Personal checks will not be accepted less than 28 days in advance of your surgery date.
9. Due to IRS regulations, we are unable to accept FSA/HSA credit cards as payment for cosmetic treatments or surgery.
10. Refunds are issued every two weeks via check from our accounting office. There are no cash or credit card refunds.
11. A \$35.00 service charge will be applied to your account for all returned checks or any stopped payment on an issued check.
12. There is a \$20.00 fee for completion of FMLA, disability, work release and related forms.
13. Payment of services rendered to any dependent children rests with the parent who seeks treatment.
14. **MISSED SURGERIES/CANCELLATIONS** - There will be a \$100.00 charge for any missed minor/local self-pay surgery that is canceled with less than 24 hours notice.
15. **Injectable and Filler Appointments** - A \$50.00 no show fee will be charged for all missed injectable/filler appointments. The fee must be paid prior to scheduling your next appointment. The fee will not be applied to future injectable/filler appointments. There will be a \$50.00 cancellation fee for appointments cancelled or rescheduled less than 24 hours of appointment time.

AUTHORIZATION

I have read, understood, and agree to the financial policy stated above and I accept responsibility for payment of all fees/charges incurred with Raleigh Plastic Surgery Center, Inc.

Signature

Date

Rev. 09/2021